

INITIAL ASSESSMENT FORM**Russell County Medical Center**PRIORITY: **3**Patient: **MCKEE, SHAWN**PI#: **60052060****Urgent**EDP: **BAILEY, DWIGHT**MR#: **800116708**DATE: **06/07/2013**PCP: ***NONE**

Worker's Comp:

Emp. Referred:

Presentation Time: **19:54**Triage Time: **20:15**Arrival Mode: **AMB-POV**Height: **5' 1"**Weight: **lbs.**

kgs: LMP:

Last Telanus: **under 5 yrs**Acc By: **FAMILY**

Chief Complaint:

SHORTNESS OF BREATH-HX OF ASTHMA/COPD**Vital Signs**T: **102.6** TP: **136** regularR: **26** unlaboredBP: **157/107**O2: **97 % RA**

Brief Assessment:

PATIENT COMPLAINS OF COUGH X 2 DAYS WITH FEVER, SOB, VOMITING WITH COUGH. PATIENT STATES THAT HE HAS HX OF SEASONAL ALLERGIES AND ASTHMA. STATES DAUGHTER SLEPT WITH KNEES IN HIS BACK AND HAS PAIN IN UPPER BACK THAT "RESTRICTS" HIS BREATHINGPain Intensity Scale: **B / 10**Pain Location: **upper back**

NIGHT SWEATS

NO

HEMOPTYSIS

NO

WEIGHT LOSS

NO

FEVER

YES

ANOREXIA

NO

ABUSE

NO

PNEUMONIA VACCINE

NO

INFLUENZA VACCINE

NO

FALL RISK

NO

SMOKER

NO

PRODUCTIVE COUGH

YES

FEVER

YES

HX OF ASTHMA

YES

HX OF COPD

NO

TAKING PRESCRIBED MEDS

NO

Sudden Onset:

Pre-Hospital: **MOTILIN/NYQUIL**

Treatment:

Pediatric: **N/A**

Assessment:

Past Medical: **DENIES**

History:

Allergies: NKDA-Medicines: **DENIES.**Nurse Signature: **TC1**

Additional Notes:

RCMC CI#: **01074185** MR#: **800116708**PI#: **60052060**

MCKEE SHAWN

M E R O R U N A

06/07/13 10:53

Rev 05/18/04

**PLAINTIFF'S
EXHIBIT***JNL 1 7/14/2015*

ORDER PROCEDURE FORM
PULMONARY EMERGENCIES

Russell County Medical Center

Name: MCKEE, SHAWN Pt#: 60052080
Age: 31YRS Sex: M MR#: 800116708
EDP: BAILEY, DWIGHT PCP: "NONE"

Date In: 8/7/2013

Time:

Laboratory Tests		Other Diagnostic Tests		Radiology									
Order/Time	Order Sent By	Order/Time	Order Sent By	Order/Time	Order Sent By	Order/Time	Order Sent By						
PtG				Spiral CT Chest w/contrast-PE Protocol									
GMP	ICMP			VQ Scan	Ventilation Scan								
BNP	Blood			Cardiopulmonary	Lower Lungs								
Theophylline Level				EKG									
Cardiac Profile				Nebulizer Treatment									
UA	D			ABG									
	D			Peak Flows									
	D			O ₂ LPM									
Misc. Orders				Medical Necessity Information									
Previous Medical Records													
Physical Therapy - Eval & Tx													
Weight:	Allergies: NKDA												
BS:													
GS:													
Order/Time	Medication/Dose/Rate	Route	I.V.O.	Revol/Bock	Admin/Time	Adm by	Entered	Time	Reassessment	IV/CS	Pain	Initials	
	Toradol 10							Q6	<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged				
	Narcan 0.5							Q10	<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged				
	Epinephrine 100mcg po							QD	<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged				
	Morphine 100							3-3 PM	<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged				
	Lamisil 12.5								<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged				
Order/Time	IV / Solution	Added Medication	Start Time	Device	Size	Length	# Attempts	Amount	Start by	D/C Time	Amt Infused	D/C by	
	<input type="checkbox"/> KVO Device:												
	<input type="checkbox"/> IV Fluid:												
Procedures / Nursing Assistance													
<input type="checkbox"/> Cardiac Monitor	Rate _____	Rhythm _____	<input type="checkbox"/> Chest Tube Insertion										
<input type="checkbox"/> NIBP Monitor			<input type="checkbox"/> Central Line Placement										
<input type="checkbox"/> Pulse Oximetry			<input type="checkbox"/> CVP Monitoring										
<input type="checkbox"/> Endotracheal Intubation			<input type="checkbox"/> O ₂										
Discharge Instructions													
RCMC Cr#: 01074185 MR#: 800116708 PT#: 60052060 MCKEE, SHAWN MERALONE 31 Y 06/07/13 10:53'													
Initials/Signature:				Initials/Signature:				Initials/Signature:				Initials/Signature:	
PA/RT/RN:				Physician's Signature:									

6/7/Russell County Medical Center
Carroll & Tate Streets, Lebanon, VA 24266
276-883-8000
Patient: MCKEE, SHAWN Patient #: 60052060 MRN: 800116708 -Date In: 6/7/2013.

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: DLB 06/07/2013 20:38
MCKEE, SHAWN is a 31 year old M that presented to the Emergency Department at 19:54 by AMB-POV. The patient was triaged at 20:15 with the following vital signs: T: 102.8 F, P: 136 regular, R: 26 unlabored, BP: 157/107, SPO2: 97 Amt:RA, Pain: 8 upper back. The patient's primary care physician is *NONE.

Chief Complaint -- SHORTNESS OF BREATH--HX OF ASTHMA/COPD

Exam Time: 20:33.

History obtained from: patient, spouse.

History limited by: N/A.

Onset of symptoms was 1 day(s) ago. Symptoms came on gradually.

Symptoms are present and increased from onset.

Patient states symptoms are of moderate intensity. Patient admits to shortness of breath while at rest.

Symptoms exacerbated by movement.

Symptoms relieved by nothing.

Associated signs and symptoms: positive chest pain, positive chills, positive chest congestion, positive dyspnea, positive fever, positive myalgias, positive nausea, positive vomiting, negative hemoptysis, negative post nasal drip, negative sore throat, negative sinus pain/pressure, negative wheezing, post.

REVIEW OF SYSTEMS: DLB 06/07/2013 20:39

Constitutional: positive chills, positive fever.

ENT: negative difficulty swallowing.

Eyes: negative blurry vision.

Cardiovascular: positive chest pain.

Respiratory: positive shortness of breath, positive cough, positive congestion.

Gastrointestinal: negative abdominal Pain.

Genitourinary: negative dark urine.

Musculoskeletal: negative extremity pain.

Neurological: negative altered mental status.

Psychological: negative agitated.

Endocrine: negative polyuria.

Integument: negative lesions.

PAST MEDICAL AND SURGICAL HISTORY: DLB 06/07/2013 20:40

Past Medical History: positive DENIES.

Tetanus Status: under 5 ye.

Past Medical and Surgical histories reviewed.

6/7/2013 Russell County Medical Center
Carroll & Tate Streets, Lebanon, VA 24266
276-883-8000
Patient: MCKEE, SHAWN Patient #: 60052060 MRN: 800116708 Date In: 6/7/2013

FAMILY AND SOCIAL HISTORIES, ALLERGIES AND MEDS: DLB 06/07/2013 20:40

Allergies: NKDA

Medications: DENIES

Family History: positive Diabetes Mellitus, positive HTN.

Social history is negative for alcohol and tobacco use.

PHYSICAL EXAMINATION: DLB 06/07/2013 20:40

General: Vital signs noted.

HEENT: HEENT WNL. No evidence trauma.

Neck: Appears normal with no JVD present. Neck is supple with no bony tenderness or palpable adenopathy.

Chest: post mid chest

Respiratory: No respiratory distress. Lungs clear with equal breath sounds bilaterally.

Cardiovascular: PMI normal. RRR. S1, S2 normal with no murmurs, clicks, gallops or rubs. All distal pulses 2+ and symmetric.

Abdomen: Bowel sounds are normoactive. Abdomen is soft, flat, non-tender, without organomegaly or palpable mass.

Musculoskeletal/Extremity: Normal joint range of motion; no swelling or deformities. Negative cyanosis, clubbing or edema.

Skin: Skin is warm and dry with normal turgor, without lesions or rashes. tinea pedis r foot, erythema dorsum r foot

Neurologic: Alert and oriented to person, place and time. Cranial nerves 2-12 grossly intact. No motor or sensory deficits.

DIAGNOSTIC TEST RESULTS: DLB 06/07/2013 21:26

Radiology:

X-Ray: Interpretation by Emergency Department Physician. Chest X-Ray AP Portable View -- No acute disease. Ultrasound: Non-Invasive Doppler Blood Flow -- Normal study with no evidence of thromboembolic disease.

LABORATORY: (Refer to the laboratory submitted results report for units of concentration and reference values.)

Abnormal laboratory results:

Glucose 134

WBC 10.8

CLINICAL IMPRESSION: DLB 06/07/2013 23:18

1. Acute Bronchitis
2. Cellulitis, Tinea Pedis

6/7/Roselle Primary Medical Center
Carroll & Tate Streets, Lebanon, VA 24266
276-883-8000
Patient: MCKEE, SHAWN Patient #: 60952060 MRN: 800116708 Date In: 6/7/2013

DISPOSITION: DLB 06/07/2013 23:19

Disposition: Patient discharged to home.

Condition: Improved.

Certified Med Emerg: Patient's condition represents a certified medical emergency. Disposition date/time: 06/07/2013 23:20.

Discussed care with patient and family. Explained findings, diagnosis, and need for follow-up care.

INSTRUCTIONS: DLB 06/07/2013 23:20

Patient has received printed discharge instructions. Discharge plans discussed with patient who verbalizes understanding and willingness to comply. Prescription(s) written for: Vibramycin 100 mg: one pill by mouth twice a day for 10 (ten) days for infection ; Quantity: 20 (twenty) ; Refills: 0(zero) || Lamisil 250 mg: one pill by mouth once daily for 2 weeks for infection ; Quantity: 15 (fifteen) ; Refills: 0 (zero) || Zanaflex 4 mg tablet (scored): Take 1 by mouth q8 as needed for stiffness or spasm ; Quantity: 20 (twenty) ; Refills: 0 (zero) || Toradol 10 mg: 1 (one) by mouth every 6 (six) hours as needed for pain ; Quantity: 20 (twenty) ; Refills: 0(zero).

Patient agrees to follow up with *NONE. Instructed to obtain follow up care in five days.

Patient agrees to return to Emergency Department immediately if symptoms worsen or fail to improve.

PHYSICIAN ORDERS

- (1) IM Toradol 60 mg [DLB] ordered at 6/7/2013 20:49 [by: TC1, Transcribed]
- (1) Analgesics Custom Med (Manual Entry) NORFLEX 60MG IN RIGHT VENTROGLUTEAL [DLB] ordered at 6/7/2013 20:50 [by: TC1, Transcribed]
- (1) PO Tylenol Other... 975MG [DLB] ordered at 6/7/2013 20:51 [by: TC1, Transcribed]
- (1) Small / Moderate Dsg (NOT BURNS) WOUND TO POSTERIOR RIGHT FIFTH TOE CLEASED THOROUGHLY WITH NS, PATTED DRY, WOUND C&S COLLECTED, AQUACEL CUT TO FIT AND APPLIED TO WOUND, COVERED WITH 2X2 GAUZE, SECURED WITH TUBULAR ELASTIC DRESSING [DLB] ordered at 6/7/2013 22:00 [by: AMV, Transcribed]
- (1) Wound Cleaning No sutures [DLB] ordered at 6/7/2013 22:00 [by: AMV, Transcribed]

DWIGHT BAILEY L All text in this document clearly marked by DLB has been authored and legally signed by use of electronic device. 06/07/2013 23:24

Patient: MCKEE, SHAWN

/7/2013 Russell Geerley Medical Center
1101 & Tate Streets, Lebanon, VA 24266
276-883-8000

Patient #: 60052060 MRN: 800116708 Date In: 6/7/2013

2200-PATIENT STATES THAT HIS TOE BEGAN HURTING THREE DAYS AGO, STATES THAT HE HAS BEEN SOAKING FOOT QID IN EPSON SALT AND APPLYING PEROXIDE, CELLULITIS NOTED TO RIGHT LATERAL / ANTERIOR FOOT [AMV: 06/07/2013 22:06]

Adult Assessment 06/07/2013 20:51 TC1

Room Assignment: Patient assigned to room 6. Patient arrived in room ambulatory. Patient moved to room at 20:15. Time of primary assessment: 20:15.

Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.

Safety: Bedrails are in the upright position to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Bedrails are up to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position.

Neurological: Alert, oriented to person, place and time. Glasgow Coma Score 15. Moves all four extremities equally with equal strength. Patient denies numbness or tingling. Pupils are brisk, equal, and reactive to light bilaterally. Patient is able to speak clearly.

Cardiovascular: Skin warm, dry, pink, capillary refill less than 2 seconds. No edema noted. Peripheral pulses equal and strong bilaterally. Heart rate within normal limits.

Respiratory: Airway is patent. Respiratory effort is mildly labored. Lung sounds by auscultation reveal clear breath sounds. The patient has a productive cough and with yellow-colored sputum, WHITE. Pulse oximetry attached to patient with a reading of 97.

Pain: Patient rates pain as 8 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the upper back. Onset of pain was 1-2 days ago. Patient describes the pain as constant, aching. Pain is exacerbated by activity, movement, position. Pain is improved or comfort is provided by rest.

Reassessment: 06/07/2013 22:51 TC1

Brief Reassessment: The patient was reassessed at 22:51. Patient is alert and oriented x 3. Respirations are regular and unlabored. Skin is warm and dry.

Reassessment: 06/08/2013 05:04 TNS

Adult Reassessment -

Time: The patient was reassessed at 22:30.

Safety: Bedrails are up to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position.

Neurological: The patient is alert and oriented times 3 (person, place & time).

6/7/2013 Russell County Medical Center
Carroll & Tate Streets, Lebanon, VA 24266
276-883-8000
Patient: MCKEE, SHAWN Patient #: 60052060 MRN: 800116708 Date In: 6/7/2013

Treatments 06/07/2013 20:51 TC1

PO Tylenol Other... 975MG initiated at 06/07/2013 20:51 by TC1. [Transcribed][DLB]:

IM Toradol 60 mg initiated at 06/07/2013 20:50 by TC1. [Transcribed][DLB]:

Analgesics Custom Med (Manual Entry) NORFLEX 60MG IN RIGHT VENTROGLUTEAL initiated at 06/07/2013 20:50 by TC1. [Transcribed][DLB]:

Small/ Moderate Dsg (NOT BURNS) WOUND TO POSTERIOR RIGHT FIFTH TOE CLEASED THOROUGHLY WITH NS, PATTED DRY, WOUND C&S COLLECTED, AQUACEL CUT TO FIT AND APPLIED TO WOUND, COVERED WITH 2X2 GAUZE, SECURED WITH TUBULAR ELASTIC DRESSING initiated at 06/07/2013 22:00 by AMV. [Transcribed][DLB]:

Wound Cleaning No sutures initiated at 06/07/2013 22:00 by AMV. [Transcribed][DLB]:

PO Vibramycin 100 mg initiated at 06/07/2013 23:30 by TNS. [Transcribed][DLB]:

Disposition 06/08/2013 05:06 TNS

Discharge: Patient left the department at 06/07/2013 23:30. Patient's disposition is: DISCHARGED. Discharge instructions were given to the patient. The patient verbalizes understanding of the discharge instructions. The condition at discharge is stable. Belongings taken by the patient. Extending teaching was moderate, focused on follow-up procedures. Pain has improved. T: 100.0 F: 109, R: 18, O₂ Sat: 97, BP: 140/88, pain level is 4 on a 1-10 scale - multiple areas.

ANGELA VANOVER RN _____

TRACY STEVENS RN All text in this document clearly marked by TNS has been authored and legally signed by use of electronic device. 06/08/2013 05:13

TRAVIS CALHOUN RN _____

RUSSELL COUNTY MEDICAL CENTER

58 Carroll Street PO Box 3600 Lebanon, VA 24266

Phone: (276) 883-8230 Fax: (276) 883-8235

David A. Sibley, M.D. Laboratory Director, CLIA ID# 49D0232283

Patient: MCKEE, SHAWN

Age: 31

Sex: M

Attending Dr.: BAILEY, DWIGHT L

M.R.N.: R800116708

Patient Location: EMERGENCY ROOM

Encounter#: R60052060

Room:

Bed:

COLLECTED	06/07/13 20:46	REF RANGE
-----------	----------------	-----------

General Chemistry

Glucose	134	[H]	70-99 mg/dL
Sodium	137		136-145 mmol/L
Potassium	3.9		3.5-5.1 mmol/L
Chloride	101		98-107 mmol/L
CO2	26		22-32 mmol/L
Osmolality, Calculated	276		286-293 mosm/L
Anion Gap	8		5-15 mmol/L
Calcium	8.8		8.6-10.0 mg/dL
Calcium (corrected-for albumin)	9.0		8.5-10.5 mg/dL
BUN	12		6-20 mg/dL
Creatinine	1.26		0.90-1.30 mg/dL
BUN/Creatinine Ratio	10		RATIO
eGFR Non African American	75		>60 ml/min/SA
eGFR African American	87	M1	>60 ml/min/SA

NOTE: Estimated GFR (eGFR) calculation was changed to the CKD-EPI equation on 06/03/13, per recommendations of National Kidney Foundation (<http://www.kidney.org/>). Results should be interpreted with caution in situations that predispose to inaccuracies of the eGFR, including non-steady state creatinine (acute kidney injury), extremes of muscle mass/body size, high protein diets/supplement use, dialysis, loss of extracellular fluid, drugs interfering with renal tubular secretion (eg cimetidine, trimethoprim) or gut creatinine activity (antibiotics), and analytic interferences related to altered metabolites (glucose, ketones, bilirubin) or drugs. This equation has been validated using predominantly US/European black and white populations; accuracy in other races/ethnicities is not well defined.

2013 KDIGO eGFR categories:

G1	Normal or high	=90
G2	Mildly decr	60-89
G3a	Mild-Moderately decr	45-59
G3b	Moderately-Severely decr	30-44
G4	Severe decr	15-22
G5	Kidney failure	<15

These categories should be correlated with other clinical findings and urine albumin assessment.

Total Protein	8.0	6.4-8.3 g/dL
Albumin	3.6	3.5-5.2 g/dL
AST	20	15-41 IU/L
ALT	43	17-53 IU/L
Alkaline Phosphatase	52	32-92 IU/L
Bilirubin, Total	1.4	[H] 0.3-1.2 mg/dL

KEY FOR RESULTS:

LAB: L=LOW, H=HIGH, CL=CRITICAL LOW, CH=CRITICAL HIGH

MIC: * - NEW RESULTS, ** - RESULT WAS MODIFIED AFTER FINAL STATUS SET

Perform Site Legend: A=JCMC B=IPMC C=SSH D=NSH E=JCSH F=FWCH G=JCH H=DCH J=JMH M=SCCH N=NCH R=RCMC V=RCC

Page 1 of 3

RUSSELL COUNTY MEDICAL CENTER

58 Carroll Street PO Box 3600 Lebanon, VA 24266

Phone: (276) 883-8230 Fax: (276) 883-8235

David A. Sibley, M.D. Laboratory Director, CLIA ID# 49D0232283

Patient: MCKEE, SHAWN

Age: 31

Sex: M

Attending Dr.: BAILEY, DWIGHT L

M.R.N: R800116708

Patient Location: EMERGENCY ROOM

Encounter#: R60052060

Room: Bed:

COLLECTED	06/07/13 20:46	REF RANGE
-----------	----------------	-----------

Automated Hematology

WBC	10.8	<input checked="" type="checkbox"/> H	5.0-10.2 K/uL
RBC	5.14		4.20-5.60 M/uL
HGB	15.9		13.5-17.5 g/dL
HCT	46.1		39.0-50.0 %
MCV	89.7		80.0-100.0 fL
MCH	30.8		28.0-34.0 pg
MCHC	34.4		31.0-37.0 g/dL
RDW	12.9		12.0-15.0 %
Platelet Count	186		150-450 K/uL
MPV	9.2		7.4-10.4 fL

Differential

Neutrophils	77	<input checked="" type="checkbox"/> H	45-75 %
Lymphocytes	11	<input checked="" type="checkbox"/> L	20-50 %
Monocytes	1	<input checked="" type="checkbox"/> H	0-8 %
Eosinophils	1		0-5 %
Basophils	1		0-2 %

Absolute Cell Count

Absolute Neutrophils (including precursors)	8.2	<input checked="" type="checkbox"/> H	1.5-7.0 K/uL
Absolute Lymphocytes	1.2		0.8-4.0 K/uL
Absolute Monocytes	1.2	<input checked="" type="checkbox"/> H	0.0-0.9 K/uL
Absolute Eosinophils	0.1		0.0-0.6 K/uL
Absolute Basophils	0.1		0.0-0.2 K/uL

COLLECTED	06/07/13 20:46	REF RANGE
-----------	----------------	-----------

Coagulation

D Dimer	619	<input checked="" type="checkbox"/> M1	>230 ng/mL (DDU)
---------	-----	--	------------------

M1 This D-dimer assay is approved for use in conjunction with clinical scoring systems to exclude venous thromboembolism in outpatients with suspected DVT or PE. In outpatients with a low or moderate probability of DVT or PE, the manufacturer's recommended cut off 230 ng/mL (DDU) has been shown to be highly sensitive (up to 100%, CI 88-100%) for the identification of patients with DVT/PE and also has a high negative predictive value (up to 100%, CI 95-100%) source-manufacturer's data. False negatives rarely occur. False positives are seen with numerous conditions in which there

KEY FOR RESULTS:

LAB: L - LOW, H - HIGH, CL - CRITICAL LOW, CH - CRITICAL HIGH

MIC: * - NEW RESULTS, ** - RESULT WAS MODIFIED AFTER FINAL STATUS SET.

Perform Site Legend: A=JCMC B=IPMC C=SSH D=NSI E=JCSC F=FWCH G=JCCH H=DGH J=JMH M=SCCH N=NCH R=RCMC V=RCC

**RUSSELL COUNTY MEDICAL CENTER**

58 Carroll Street PO Box 3600 Lebanon, VA 24266
Phone: (276) 883-8230 Fax: (276) 883-8235
David A. Sibley, M.D. Laboratory Director, CLIA ID# 49D0232283

Patient: **MCKEE, SHAWN**

Age: 31

Sex: M

Attending Dr.: **BAILEY, DWIGHT L**M.R.N: **R800116708**Patient Location: **EMERGENCY ROOM**Encounter#: **R60052060**

Room:

Bed:

COLLECTED	06/07/13 20:46	REF RANGE

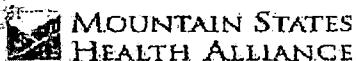
Coagulation

Is activation of coagulation. correlate with other clinical and radiologic data.

KEY FOR RESULTS:**L**=LOW, **H**=HIGH, **CL**=CRITICAL LOW, **CH**=CRITICAL HIGH**MIC**: * - NEW RESULTS, ** - RESULT WAS MODIFIED AFTER FINAL STATUS SET

Perform Site Legend: A=JCMC B=IPMG C=SSH D=NSH E=JCSH F=FWCH G=JCH H=DCH J=JMH M=SCCH N=NCH R=RMC V=RCC

Page 3 of 3



MSHA Orders Report

Pt Name: MCKEE, SHAWN
 DOB:
 Adm DTime: 06/07/2013 19:53
 Dsch DTime: 08/07/2013 23:40
 Entity: Russell County Medical Center
 Dx:

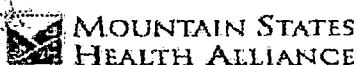
MRN: 800116708
 Acct No: 60052060
 Age/Sex: 31Y/M
 Attn Dr: Bailey, Dwight MD

Order as Written	Start Date Stop Date	Electronically Signed-By Co-Signed By	Signed Date Time
US VENOUS DUPLEX LOWER EXT BILAT COMP Stat	06/07/13 21:48 06/07/13 21:48	Does not Require a Co-Signature	
Electronically Entered By / Ordered By	Target Co-Signer	Order Type	
Dwight L Bailey, MD Reason Discontinued: Visit is closed for the patient	null		
CULTURE, WOUND (includes Gram Stain) Stat	06/07/13 22:01 06/07/13 22:01	Tracy N Stevens, Registered Nurse Does not Require a Co-Signature	06/07/13 22:01
Electronically Entered By / Ordered By	Target Co-Signer	Order Type	
TracyN Stevens, Registered Nurse Dwight L Bailey, MD Reason Discontinued: Visit is closed for the patient	null	Hand Written Order	
US VENOUS DUPLEX LOWER EXT LT edema, increased d dimer Stat	06/07/13 21:48 06/07/13 21:48	Tracy N Stevens, Registered Nurse Does not Require a Co-Signature	06/07/13 21:48
Electronically Entered By / Ordered By	Target Co-Signer	Order Type	
TracyN Stevens, Registered Nurse Dwight L Bailey, MD Reason Discontinued: null	null	Hand Written Order	
US VENOUS DUPLEX LOWER EXT RT edema Stat	06/07/13 21:48 06/07/13 21:48	Tracy N Stevens, Registered Nurse Does not Require a Co-Signature	06/07/13 21:48
Electronically Entered By / Ordered By	Target Co-Signer	Order Type	
TracyN Stevens, Registered Nurse Dwight L Bailey, MD Reason Discontinued: null	null	Hand Written Order	
CT CHEST PE PROTOCOL elevated d-dimer Stat	06/07/13 21:39 06/07/13 21:39	Susan G Fields Does not Require a Co-Signature	06/07/13 21:39
Electronically Entered By / Ordered By	Target Co-Signer	Order Type	
SusanG Fields, Dwight L Bailey, MD Reason Discontinued: null	null	Hand Written Order	
D-DIMER Stat	06/07/13 21:02 06/07/13 21:02	Susan G Fields Does not Require a Co-Signature	06/07/13 21:02
Electronically Entered By / Ordered By	Target Co-Signer	Order Type	
SusanG Fields, Dwight L Bailey, MD Reason Discontinued: null	null	Hand Written Order	

Pt. Name: MCKEE, SHAWN
 Entity: Russell County Medical Center
 Adm Date: 06/07/2013 19:53
 3-2013 Siemens Medical Solutions USA, Inc. All rights reserved.

MRN: 800116708
 Page 1 of 3

Orders Report
 ORE 0149 DSCH EHR MedOSMN v2.rpt
 Generated By: Workflow
 Generated On: 06/08/2013 06:40
 Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time



MSHA Orders Report

Pt Name: MCKEE SHAWN
DOB:
Adm DTime: 06/07/2013 19:53
Dsch DTime: 06/07/2013 23:40
Entity: Russell County Medical Center
Dx:

MRN: 800116708
Acct No: 60052060
Age/Sex: 31Y/M
Attn Dr: Bailey, Dwight MD

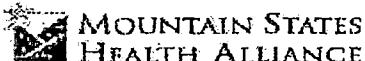
Order as Written	Start Date Stop Date	Electronically Signed-By Co-Signed By	Signed Date Time
BLOOD CULTURE Stat	06/07/13 20:36 06/07/13 20:36	Travis L Calhoun, RN Does not Require a Co-Signature	06/07/13 20:36
<i>Electronically Entered By / Ordered By</i> Travis L Calhoun, RN Dwight L Bailey, MD Reason Discontinued: Visit is closed for the patient		<i>Target Co-Signer</i> null	<i>Order Type</i> Hand Written Order
CBC WITH DIFF Stat	06/07/13 20:36 06/07/13 20:36	Travis L Calhoun, RN Does not Require a Co-Signature	06/07/13 20:36
<i>Electronically Entered By / Ordered By</i> Travis L Calhoun, RN Dwight L Bailey, MD Reason Discontinued: null		<i>Target Co-Signer</i> null	<i>Order Type</i> Hand Written Order
COMPREHENSIVE METABOLIC PANEL Stat	06/07/13 20:36 06/07/13 20:36	Travis L Calhoun, RN Does not Require a Co-Signature	06/07/13 20:36
<i>Electronically Entered By / Ordered By</i> Travis L Calhoun, RN Dwight L Bailey, MD Instructions: No Prep Required Reason Discontinued: Visit is closed for the patient		<i>Target Co-Signer</i> null	<i>Order Type</i> Hand Written Order
CHEST W LAT, CHEST PA LATERAL COUGH,SOB No Prep Required Stat	06/07/13 20:36 06/07/13 20:36	Travis L Calhoun, RN Does not Require a Co-Signature	06/07/13 20:36
<i>Electronically Entered By / Ordered By</i> Travis L Calhoun, RN Dwight L Bailey, MD Instructions: No Prep Required Reason Discontinued: Visit is closed for the patient		<i>Target Co-Signer</i> null	<i>Order Type</i> Hand Written Order
BCR Stat	06/07/13 20:36 06/07/13 20:36	Does not Require a Co-Signature	
<i>Electronically Entered By / Ordered By</i> Dwight L Bailey, MD Reason Discontinued: null		<i>Target Co-Signer</i> null	<i>Order Type</i>

Pt. Name: MCKEE, SHAWN
Entity: Russell County Medical Center
Adm Date: 06/07/2013 19:53
-2013 Siemens Medical Solutions USA, Inc. All rights reserved.

MRN: 800116708
Page 2 of 3

Orders Report
ORE 0149 DSCH EHR MedGSMN v2.rpt
Generated By: Workflow
Generated On: 06/08/2013 08:40

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time



MSHA Orders Report

Pt Name: MCKEE, SHAWN
DOB:
Adm DTime: 06/07/2013 19:53
Dsch DTime: 06/07/2013 23:40
Entity: Russell County Medical Center
Dx:

MRN: 800116708
Acct No: 60052060
Age/Sex: 31Y/M
Attn Dr: Bailey, Dwight MD

Order as Written	Start Date Stop Date	Electronically Signed By Co-Signed By	Signed Date Time
------------------	-------------------------	--	---------------------

TERMS OF INTEREST

Entered By (Person Entering Order) - Top signature
Ordered By (Provider giving the Order) - Second Signature

Order Type:

POE = Entered by Physician/PA/NP/Res/MS
Verbal Order Read Back and Verified = Received by Nurse/Ancillary as a Verbal
Telephone Order Read Back and Verified = Received by Nurse/Ancillary via Phone Call

Electronically Signed by (Person Electronically signing the Order entry) - Top Signature

Pt Name: MCKEE, SHAWN
Entity: Russell County Medical Center
Adm Date: 06/07/2013 19:53
I-2013 Siemens Medical Solutions USA, Inc. All rights reserved.

MRN: 800116708
Page 3 of 3

Orders Report
ORE 0149 DSCH EHR MedOSMIN v2.rpt
Generated By: Workflow.
Generated On: 06/08/2013 08:40
Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

SPOKANE COUNTY

OFFICE OF THE
MEDICAL EXAMINER

MEDICAL EXAMINER
SALLY S. AIKEN, M.D.
FORENSIC PATHOLOGIST

MEDICAL EXAMINER
JOHN D. HOWARD, M.D.
FORENSIC PATHOLOGIST

AUTOPSY REPORT

AUTOPSY NO: **13-2035**
NAME OF DECEDENT: **McKEE, SHAWN**
DATE OF BIRTH: 05/08/1982 SEX: MALE
DATE PRONOUNCED/FOUND: 06/25/2013
DATE OF AUTOPSY: 6/26/2013 @ 1238 HOURS
LOCATION: FORENSIC INSTITUTE @ HOLY FAMILY HOSPITAL;
SPOKANE, WA.
RESPONSIBLE PARTY: DEBBIÉ WILKEY, KOOTENAI COUNTY CORONER
PROSECTOR: SALLY S. AIKEN, M.D.
ASS'T PROSECTOR: RANDY SHABER

NOTICE: THIS REPORT IS CONFIDENTIAL IN THE STATE OF WASHINGTON

You are being given this report because you are named in the statute below as being authorized to have a copy of the autopsy or postmortem report, either of which may include other reports and records. This autopsy was performed in the State of Washington and the report was generated in the State of Washington. These are highly confidential documents! You may not give or show any of these documents to anyone except as authorized by law.

RCW 68.50.105 Autopsies, postmortems - Reports and records confidential - Exceptions. Reports and records of autopsies or postmortems shall be confidential, except that the following persons may examine and obtain copies of any such report or record: The personal representative of the decedent as defined in RCW 11.02.005, any family member, the attending physician or advanced registered nurse practitioner, the prosecuting attorney or law enforcement agencies having jurisdiction, public health officials, or to the department of labor and industries in cases in which it has an interest under RCW 68.50.103, or the secretary of the department of social and health services or his or her designee in cases being reviewed under RCW 74.13.640. The coroner, medical examiner, or the attending physician shall, upon request, meet with the family of the decedent to discuss the findings of the autopsy or postmortem. For purposes of this selection, the term "family" means the surviving spouse, state registered domestic partner, or any child, parent, grandparent, grandchild, brother, or sister of the decedent, or any person who was guardian of the decedent at the time of death. [2011 c 61 § 1. Prior: 2007 c 439 § 1; 2007 c 156 § 23; 1987 c 331 § 58; 1985 c 300 § 1; 1977 c 79 § 2; 1953 c 188 § 9. Formerly RCW 68.08.105]



Website: <http://www.spokanecounty.org/medexaminer/>

5901 North Lidgerwood, Suite 24-B Spokane, Washington 99208 (509) 477-2296 FAX : (509) 477-6327

AUTOPSY NO: 13-2035
DECEASED: McKEE, SHAWN
Page 2

SUMMARY OF CASE FINDINGS

- I. PULMONARY ARTERY THROMBOEMBOLISM WITH
 - A. PULMONARY THROMBOEMBOLISM IN RIGHT AND LEFT MAIN PULMONARY ARTERIES AND BRANCHES
 - B. PULMONARY ARTERY THROMBOEMBOLI IN DISTAL PULMONARY ARTERY BRANCHES
 - C. PULMONARY EMBOLI IN RIGHT VENTRICLE OF HEART
 - D. NON-ACUTE INFARCTS OF LOWER LOBES OF BOTH LUNGS WITH FIBRIN IN PLEURAL SPACE
 - E. LOWER LUNG ATELECTASIS WITH FOCAL PNEUMONIA
- II. DILATED, OBESITY-RELATED CARDIOMYOPATHY WITH
 - A. CARDIOMEGLY (HEART WEIGHT 760 GRAMS)
 - B. BIVENTRICULAR CHAMBER DILATION
 - C. LEFT VENTRICULAR HYPERTROPHY
 - D. RIGHT VENTRICULAR HYPERTROPHY
- III. OBESITY (BODY MASS INDEX: 56 Kg/m²)
- IV. HEPATOMEGLY (LIVER WEIGHT 3950 GRAMS); STEATOSIS, EARLY BRIDGING FIBROSIS
- V. SPLENOMEGLY (SPLEEN WEIGHT 700 GRAMS)
- VI. TOXICOLOGY: SEE SEPARATE REPORT

OPINION:

This 31-year-old man had recent complaints of shortness of breath, and had completed a cross-country car trip. He was taken to the emergency room and became unresponsive, at the time of hospital admission.

The death is attributed to pulmonary artery thromboembolism. Bilateral pulmonary infarcts contributed to death.

Sally S. Alken MD, 7/8/13

(date signed)

Sally S. Alken, M.D.
Forensic Pathologist

SSA/pke
Dt:7/8/2013

Reviewed By:

John D. Howard, M.D. Date Signed
7-8-2013

CERTIFICATION OF VITAL RECORDS

STATE OF IDAHO
 IDAHO DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed JUNE 28, 2013

State File No. 2013-05947

DECEDENT - LEGAL NAME SHAWN MATTHEW MCKEE			
SEX MALE	SOCIAL SECURITY NUMBER	AGE 31 YEARS	DATE OF BIRTH MAY 08, 1982
BIRTHPLACE MARION, VIRGINIA	PLACE OF RESIDENCE POST FALLS, IDAHO		
MARITAL STATUS AT TIME OF DEATH MARRIED	NAME OF SURVIVING SPOUSE (if applicable, maiden name) JESSICA MARTIN		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME PAUL EDWARD MCKEE	BIRTHPLACE VIRGINIA		
MOTHER - MAIDEN NAME KAREN RENEE BAGHERI	BIRTHPLACE VIRGINIA		
METHOD OF DISPOSITION REMOVAL FROM STATE	FUNERAL SERVICE LICENSEE DARIN BUTTERFIELD		
NAME AND ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL, INC., POST FALLS, IDAHO			
DATE OF DEATH JUNE 25, 2013	TIME OF DEATH 10:16 A.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. PULMONARY ARTERY THROMBOEMBOLISM		Approximate Interval Between Death and Death MINUTES	
DUE TO (or as a consequence of): b. BILATERAL PULMONARY INFARCTS		DAYS	
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above DILATED CARDIOMYOPATHY; OBESITY			WAS AN AUTOPSY PERFORMED? YES
MANNER OF DEATH NATURAL	NAME OF CERTIFIER DEBBIE WILKEY	TITLE CORONER	
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
INJURY INFORMATION			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURED AT WORK
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

SUPPLEMENTAL INFORMATION ADDED 07/16/2013

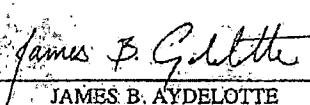
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

JULY 16, 2013

DATE ISSUED:

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

PSICO (Rev. 1-13)


 JAMES B. AYDELLOTTE

STATE REGISTRAR